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maintenance fee notification	18.	,,,,,	speenying a new c	sorrespondence addres	s, and or (b) indicating a sep	arate TEE REPRESS for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 757 7590 09/03/2009				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO, IL 60610				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				Steven L. Oberholtzer (Reg. No. 30,670)		(Depositor's name)
				/Steven L. Oberholtzer/		(Signature)
				November 25, 2009		
APPLICATION NO. FILING DATE		F	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/589/908	11/07/2006	Anders Le		g	12400-081	1102
FITLE OF INVENTION:			· ···			
SAFETY ARRANGEME	ENT					
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$1510		\$1810	12/03/2009
EXAM	EXAMINER		T C	LASS-SUBCLASS		
WILHELM, TIMOTHY		3616	3616 180-268000		_	
1. Change of correspondenc CFR 1.363).	e address or indication of "F	ee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 BRINKS HOFER GILSON & LIONE			
_ ′	lence address (or Change of 22) attached.	Correspondence	(1) the names of or agents OR, alte	up to 3 registered pate rnatively,	in actorneys	IOPER GILSON & LIONE
□ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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			•	• • •	gnee is identified below, the co	locument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
AUTOLIV DEVELOPMENT AB VARGARDA, SWEDEN						
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Please check the appropriate 4a. The following fee(s) are			nted on the patent): Payment of Fee(s):	☐ Individual ☐ (Corporation or other private gr	oup entity Government
• • • • • • • • • • • • • • • • • • • •				the amount of the fee(s) is enclosed.		
				t by credit card. Form PTO-2038 is attached.		
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5. Change in Entity Status	(from status indicated above	e)				
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.	b. Applicant is n	o longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).
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Authorized Signature /Steven L. Oberholtzer/			Date November 25, 2009			
Typed or printed name Steven L. Oberholtzer			Registration No. 30,670			
This collection of information application. Confidential submitting the completed appropriate the completed appropriate the completed appropriate the complete the complete that the complete the complete that the complete the complete that the com	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C opplication form to the USPT	11. The information 122 and 37 CFR 1 O. Time will vary	n is required to obtain .14. This collection depending upon the	n or retain a benefit by is estimated to take 12 individual case. Any o	the public which is to file (an minutes to complete, including comments on the amount of ti	d by the USPTO to process) ng gathering, preparing, and me you require to complete

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